



## **Health and Safety Training Funds are now available**

These funds provide reimbursement for up to \$100 to eligible individuals who successfully complete qualified trainings between July 1, 2018 and June 30, 2019 in Humboldt County. Funds are limited! See details below:

- Individuals eligible for reimbursement:
  - licensed center-based staff, licensed family child care providers, license-exempt child care providers, in-home providers, and prospective providers
  
- Qualified trainings provided by an approved Emergency Medical Services Authority training institution or trainer:
  - pediatric cardiopulmonary resuscitation (CPR)
  - pediatric first aid and/or
  - preventative practices training

If you meet the criteria listed above and wish to be reimbursed you must submit:

- Completed Health and Safety Training Reimbursement for Child Care Providers Form (attached or on website)

Verification of payment and attendance at appropriate training must include the following:

- Amount paid for each training
- Name of training/course
- Date and hours completed
- Name of Health and Safety trainer and training institute

*A typical way to obtain verification is by receipt and/or copy of sign in sheet.*

After you have completed the form and attached appropriate verification, please submit to:

Changing Tides Family Services  
Resource and Referral  
2379 Myrtle Avenue  
Eureka CA 95501

Please note that when all documentation has been submitted in its entirety:

- A reimbursement of up to \$100 may be issued
- Each participant must pay at least \$5 co-pay per training
- The reimbursement will only be issued to the eligible individual
- Funds are limited—reimbursements will be processed depending on funding availability
- Group receipts will not be accepted
- Group reimbursement forms will not be accepted

Updated 10/29/18

# Health and Safety Training Reimbursement Form for Child Care Providers



Changing Tides Family Services may reimburse eligible individuals who complete the following Emergency Medical Services Authority (EMSA) certified trainings in Humboldt County between July 1, 2018 and June 30, 2019.

- Pediatric CPR
- Pediatric First Aid
- Preventative Health Practices

In order **to be eligible**, you must work in one of the following child care settings:

- Licensed Family Child Care     Child Care Center     Licensed Exempt or In-Home Child Care

*Check a box as listed above, as appropriate, and provide the following information:*

|  |  |                           |                               |  |                           |
|--|--|---------------------------|-------------------------------|--|---------------------------|
| <b>First name:</b>   |  | <b>Last name:</b>         |                               | <b>Phone number:</b>   |                           |
| <b>Your mailing address:</b>   |  |                           | <b>City:</b>                  |  | <b>ZIP:</b>               |
| <b>Employer Name:</b>  |  |                           | <input type="checkbox"/> Self |  | <b>Your job position:</b> |
| <b>Work site address:</b>  |  |                           | <b>City:</b>                  |  | <b>ZIP code:</b>          |
| <b>Certified course completed:</b><br><input type="checkbox"/> Pediatric CPR<br><input type="checkbox"/> Pediatric First Aid<br><input type="checkbox"/> Preventative Health Practices |  | <b>Instructor's Name:</b> |                               | <b>Institution:</b><br><input type="checkbox"/> EMSA<br><input type="checkbox"/> Red Cross |                           |

In order **to receive reimbursement**, you **must provide verification** of the following:

- Name and date of training     Hours of training completed     Amount paid for each training

*Please attach copy of receipt and/or a clear copy of sign-in sheet with your name highlighted.*

After you have completed this form and attached appropriate verification, please submit to:

Changing Tides Family Services  
Resource and Referral  
2379 Myrtle Avenue  
Eureka, CA 95501

Please note that when all documentation has been submitted in its entirety:

- A reimbursement of up to \$100 may be issued
- Each participant must pay at least \$5 co-pay per training
- Reimbursement will only be issued to the eligible individual
- Funds are limited – reimbursements will be processed depending on funding availability
- Group receipts will not be accepted
- Group reimbursement forms will not be accepted

**Please call 707-444-8293 if you have any questions**

| <b>Administration use only</b>        |             |                                 |   |
|---------------------------------------|-------------|---------------------------------|---|
| R&R Staff: _____                      | Date: _____ |                                 |   |
| Total per course paid by participant: | \$ _____    | Pediatric First Aid<br>\$ _____ | Pediatric CPR<br>\$ _____                 |
| Total reimbursement to participant:   | \$ _____    |                                 | Preventative Health Practices<br>\$ _____ |